

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

RECEIVED
APR 04 10 15

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

256134
DA/JRS

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2015 - 150 - T

Application For a Class E
Household Goods Certificate
From Kenneth Ellis dba Southern
Affordable Movers

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Kenneth Ellis

Telephone: (843)885-3080

Address: P.O. Box 20414
Atlanta, GA. 30325

Fax:

Other:

Email:

(404)637-5093
Kennethellis48@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☒ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

RECEIVED
APR 09 2015
PSC SC
CLERK'S OFFICE

RECEIVED
MAR 23 2015
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 3/20/15

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

☒ New Application

☐ Amended Scope of Authority

Current Scope:
(list counties)

Amended Scope:
(list counties)

Berkeley Dorchester
Charleston County

Kenneth Ellis d/b/a

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship with or without trade name.)

Southern Affordable Movers

781 Long Point Road, Mt. Pleasant SC 29464

Street Address of Applicant

P.O. Box 20414, Atlanta, GA 30325

Mailing Address of Applicant (if different from street address)

(843) 885-3080

Phone

SAME

FAX

Kennethellis48@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.
-
-
-
-

4. Applicant proposes to operate service as follows: (Check one.)

- ☒ Intrastate Only ☒ Interstate Only ☐ Both

(YE) mistake

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

* Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month FEB Year 2015

Assets:

Cash	\$10,000.00
Receivables	
Real Estate	\$50,000.00
Buildings and Equipment (Net)	
Motor Vehicles (Net)	\$60,000.00
Garage Equipment (Net)	
Machinery and Tools (Net)	\$1500.00
Supplies on Hand	\$3,000.00
Prepays and Other Assets	
Total Assets *	\$138,000.00
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	\$540.00 monthly \$6500.00 owed
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	9,000.00
Total Liabilities	\$15,500.00
Capital Stock	
Retained Earnings	
Total Equity	138,000
Total Liabilities and Equity *	\$153,500

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

*** Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

2 men AND 1 TRUCK - \$90 per Hour

3 men AND 1 TRUCK - \$125.00 per Hour

4 men AND 1 TRUCK - \$150.00 per Hour

1 hour Travel

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

FAX (803) 896-5177

ATTN: Tricia DeSanty

04/09/2015 THU 14:18 FAX

0001/001

ATTN: Mr. John K.

MY TAX BACK # (843) 885-3080

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Kenneth M Ellis DBA Southern Affordable Movers
Name of Applicant

781 Longpoint Rd, Mt Pleasant, SC 29464
Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 3,132

Limits 750,000

Cargo Insurance \$ 2,279.00

Limits 25,000

* Attach Certificate of Insurance if available.

Pinckney-Carter Insurance Broker
Name of Insurance Company

1956 Remont Road, North Charleston, SC 29419
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

4/09/2015
Date

[Signature]
Authorized Insurance Company Representative's Signature

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Quote Results

Cargo Estimate

Pay In Full \$1,000.00

Or we can finance your premium

10 months

Down payment \$ 200.00

Monthly payment \$ 92.80

- ☒ Request to bind
- ☐ Get additional quote
- ☐ Request to bind & Get additional quote

Request

\$25,000
min.

This Quote is
For \$25,000 WORTH
OF CARGO INS.

Info (<http://quotemyrig.com/index.php?route=info>)
(<http://quotemyrig.com/index.php?route=services>)

About Us (http://quotemyrig.com/index.php?route=about_us)

Services

Contact Us (http://quotemyrig.com/index.php?route=contact_us)

Quote My RIG Company © 2014

1(800) 806-7204

For assistance please call us at 1-888-892-5420

Annual Policy Rate Plans

Quote #: 271787213

Speak now with a
licensed insurance
agent.[Talk to Me](#)

Start Annual Policy Today For:

\$1404.75 / downpayment
(Then \$472.59 per month for 9 months)

Pay In Full Today:

\$4833.00 / year
(Save \$ 780 by paying in full)

Call 1-888-892-5420 to Buy Your Policy.

A licensed insurance agent is ready to help you now.
Rates are based on coverages of businesses similar to yours including **\$841 in discounts.**
Fees may be included in the amount shown.

Customize your coverages below to create an apples to apples comparison of your current policy.

Policy Coverages

Bodily Injury and Property
Damage Liability:

\$750,000 combined single limit ▼

Uninsured Motorist Bodily
Injury:

\$750,000 combined single limit ▼

Underinsured Motorist Bodily
Injury:

\$750,000 combined single limit ▼

2008 GMC

Uninsured Motorist Property
Damage:

\$750,000 with \$200 Deductible

Underinsured Motorist
Property Damage:

\$750,000 combined single limit with \$0 Deductible

Medical Payments:

Not Selected ▼

Comprehensive:

\$1,000 Deductible / \$0 Glass Deductible ▼

Collision:

\$1,000 Deductible ▼

Vehicles Add / Remove

2008 GMC

Trailers Add**Drivers** Add / Remove

KENNETH ELLIS

Business Details**Business Owner Information****Rates And Coverages**[Print Your Quote](#)[Save Your Quote](#)

Other coverages for your commercial vehicles.

Please call us to talk to a licensed agent about adding these coverages to your quote:

- Hired Auto Liability
- Motor Truck Cargo Coverage
- Non-Owned Auto Liability
- Non-Trucking Liability
- Rental Reimbursement Coverage

State and federal insurance filings including MCS-90 and ICC are also available upon request.

Start Annual Policy Today For:

\$1404.75 / downpayment
(Then \$472.59 per month for 9 months)

Pay In Full Today:

\$4833.00 / year

Exhibit Fit, Willing, and Able (FWA)

Name

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Kenneth M. Glaser

Applicant's Signature

OWNER

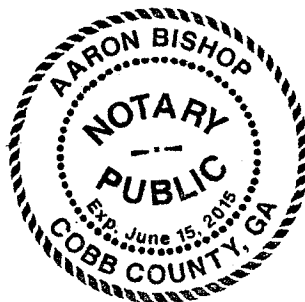
Title of Applicant (e.g. President, Owner, etc.)

Georgia)
STATE OF ~~SOUTH CAROLINA~~)
COUNTY OF Cobb)

SWORN TO BEFORE ME
This 20th day of March, 2015

Aaron Bishop
Notary Public

Commission Expires 6/15/15



DeSanty, Tricia

From: DeSanty, Tricia
Sent: Wednesday, March 25, 2015 1:13 PM
To: 'kennethellis48@gmail.com'
Cc: Schmieding, Janice
Subject: Class E (HHG) Application - Kenneth Ellis d/b/a Southern Affordable Movers
Attachments: Insurance Quote from Class E (HHG) App.pdf

Dear Mr. Ellis:

The Public Service Commission of South Carolina has received and reviewed your Class E (Household Goods) Application. Before we can accept it for filing, we need one additional thing from you – Insurance Quote.

Page 6 of the application is the insurance quote. As stated at the top of the insurance quote, an “Authorized Insurance Company Representative” must complete and sign the quote. The name of the company along with their home office address is required. I have attached another Insurance Quote Form for your convenience. Once you get this completed, please fax the insurance quote page back to us at 803-896-5199. We will then be able to accept your application for filing.

If you have any questions, please contact me at the number listed below.

Tricia DeSanty

Admin. Coordinator I

Clerk's Office

Public Service Commission of SC

803-896-5125

tricia.desanty@psc.sc.gov